

APPLICATION FOR ZONING USE PERMIT

LOCATION / OWNER	STREET # (N,S,E,W) _____		STREET NAME _____ (AV, RD, ST, etc)		PERMIT # _____	
	SUITE/UNIT(S): _____					
	TAX JURISDICTION: (Check One)		<input type="checkbox"/> 0 - Mecklenburg	<input type="checkbox"/> 1 - Charlotte	<input type="checkbox"/> 2 - Davidson	<input type="checkbox"/> 3 - Cornelius
			<input type="checkbox"/> 4 - Pineville	<input type="checkbox"/> 5 - Matthews	<input type="checkbox"/> 6 - Huntersville	<input type="checkbox"/> 7 - Mint Hill
	PROJECT/SUBDIVISION NAME _____				PHASE _____	SECTION _____
	PROJECT # _____					
	OWNER _____ ADDRESS _____					
	CITY _____ STATE _____ ZIP _____ PHONE # _____					
	TAX PARCEL # _____		LOT # _____		BLOCK # _____	
	CENSUS _____		LAND AREA (sq. ft.) _____			
PURPOSE	JOB # _____		PROPERTY USE			
	USDC # _____					
	OCC. TYPE _____					
			CM <input type="checkbox"/> Cemetery	OA <input type="checkbox"/> Outdoor Amusement		
			CU <input type="checkbox"/> Change of Use	OC <input type="checkbox"/> Overnight Camping Tr. Pk.		
			CF <input type="checkbox"/> Comm. Farm Use	PK <input type="checkbox"/> Parking		
			OR <input type="checkbox"/> Comm. Outdoor Rec. Use	QR <input type="checkbox"/> Quarry		
			CH <input type="checkbox"/> Customary Home Occupation	RT <input type="checkbox"/> Racetrack		
			FE <input type="checkbox"/> Farm - Type Enterprise	RH <input type="checkbox"/> Rural Home Occupation		
			FF <input type="checkbox"/> Floodway Fill	SL <input type="checkbox"/> Sanitary Landfill		
DESCRIPTION OF USE			MP <input type="checkbox"/> Mobile Home Park	SD <input type="checkbox"/> Satellite Dish		
			OF <input type="checkbox"/> Off-Site Demolition Landfill	TS <input type="checkbox"/> Turkey Shoot		
			ON <input type="checkbox"/> On-Site Demolition Landfill	OT <input type="checkbox"/> Other _____		
			OL <input type="checkbox"/> Open Land Use	OT <input type="checkbox"/> Other _____		
	MOBILE HOME PARK ONLY <input type="checkbox"/> ANNUAL CERTIFICATE OF OCCUPANCY (due by January 30 each year)					
	PARK NAME _____ # SPACES _____ SITE PLAN ON FILE <input type="checkbox"/> YES <input type="checkbox"/> NO					
	UTILITIES:					
	Public 1 - Individual Meter/Connection _____ <input type="checkbox"/> Water _____ <input type="checkbox"/> Sewer _____					
	2 - Master Meter/Connection _____ <input type="checkbox"/> Water _____ <input type="checkbox"/> Sewer _____					
	Private 3 - Individual _____ <input type="checkbox"/> Well _____ <input type="checkbox"/> Septic _____					
4 - Community _____ <input type="checkbox"/> Well _____ <input type="checkbox"/> Septic _____						
MANAGER'S NAME _____ ADDRESS _____						
CITY _____ STATE _____ ZIP _____ PHONE # _____						
SPECIAL CONDITIONS: _____						
OTHER USES		OCCUPANT _____ PHONE# _____				
PARK'G. REQ.# _____		INTENDED USE _____ PREVIOUS USE _____				
SCREENING <input type="checkbox"/> Y <input type="checkbox"/> N		BUSINESS NAME _____				
REFER TO:		PARKING SPACES PROVIDED _____ # OF EMPLOYEES _____				
<input type="checkbox"/> Building		% OF FLOOR USED FOR HOME OCCUPATION _____				
<input type="checkbox"/> Electrical		OTHER CONSTRUCTION WORK (requires separate permits)				
<input type="checkbox"/> Mechanical		Building <input type="checkbox"/> Y <input type="checkbox"/> N Electrical <input type="checkbox"/> Y <input type="checkbox"/> N Mechanical <input type="checkbox"/> Y <input type="checkbox"/> N Plumbing <input type="checkbox"/> Y <input type="checkbox"/> N Sign(s) <input type="checkbox"/> Y <input type="checkbox"/> N				
<input type="checkbox"/> Plumbing		REMARKS: _____				
<input type="checkbox"/> Zoning						
OTHER	APPLICANT'S NAME (if other than owner:) _____ ADDRESS: _____					
	CITY _____ STATE _____ ZIP _____ PHONE # _____					
	BONDED WITH BUILDING STANDARDS DEPARTMENT: <input type="checkbox"/> Yes <input type="checkbox"/> No					
ACCOUNT # _____		TOTAL FEE \$ _____				

THE UNDERSIGNED HEREBY CERTIFIES THAT HE/SHE IS EITHER THE OWNER OR THE AUTHORIZED AGENT OF THE OWNER AND HEREBY MAKES APPLICATION FOR PERMIT AND INSPECTION OF WORK DESCRIBED AND AGREES TO COMPLY WITH ALL APPLICABLE LAWS REGULATING THE WORK.

APPLICANT'S SIGNATURE _____ DATE _____ PRINT APPLICANT'S NAME _____ METHOD OF PAYMENT ☐ CASH/CHECK ☐ ACCOUNT

HOLDS	PROCESSED BY	APPROVED BY	VALIDATED BY